

ARIZONA DEPARTMENT OF HEALTH SERVICES
High-Risk Perinatal Program/Newborn Intensive Care Program
Hospital Discharge Summary

Place required label here

Current Hospital:

☐ Enrollment

☐ Forward Transport

☐ Back Transport

Infant's Last Name		First Name		MI	DOB:
Alias Last, First	Phone:	Birth weight: lbs oz gms	Birth Length:		Birth OFC (HC)
Gestational Age by Exam: _____ weeks		Fetal Growth: <input type="checkbox"/> AGA <input type="checkbox"/> SGA <input type="checkbox"/> LGA		APGAR @ 1" _____ 5" _____ 10" _____	
Discharge Date:		Disch. Wt. lbs oz gms		Disch. OFC (HC) _____ cm	
English Proficiency: Proficient Good Some None		Discharged/Transferred to:		DIED: Date of Death:	

Respiratory Diagnosis/Complication

☐ 486 Pneumonia

☐ 512.8 Air Leak Syndrome

☐ 747.89 PPHN (pulmonary hypertension)

☐ 748.3 Subglottic Stenosis/Tracheomalacia

☐ 769 Respiratory Distress

☐ 770.1 Meconium RDS

☐ 770.6 TTN

☐ 770.7 BPD (or Chronic Lung Disease)

☐ 770.8 Apnea

☐ Other _____

Respiratory Treatment (RT)

☐ Hood O2 Only

☐ CPAP Only

☐ IPPV>7 days

☐ IPPV<7 days

☐ Jet Ventilation

☐ ECMO

☐ Tracheostomy

☐ Surfactant

☐ Oscillator

☐ Other _____

Cardiovascular Diagnosis/Complication

☐ 785.5 Shock Hypotension with Pressor Support

☐ 746.9 Congenital Heart Disease

☐ 401 Systemic Hypertension

☐ 427.8 Cardiac Dysrhythmias

☐ 747.9 Cardiac Anomaly

☐ Other _____

Cardiovascular Treatment

☐ 747 PDA-Indomethacin

☐ 747 PDA-Surgical

☐ Other _____

Gastrointestinal/Genitourinary

☐ 779.3 GE Reflux

☐ 777.5 Proven NEC

☐ 584 Renal Failure

☐ 751.9 GI Anomaly

☐ 522.9 GU Anomaly

☐ Other _____

Neurological Diagnosis

☐ 768.9 Hypoxic Encephalopathy

☐ 767.0 Intraventricular Hemorrhage GR I/II

☐ 772.1 IVH-Grade III / IV

☐ 742.4 PVL

☐ 320.9 Meningitis

☐ 742.3 Congenital Hydrocephalus

☐ 331.4 Acquired Hydrocephalus

☐ Shunted V45.2

☐ 742.1 Microcephaly

☐ 794 Abnormal Neurologic Exam _____

☐ 779 Seizures

☐ Other _____

Dysmorphology

☐ 758 Chromosomal Anomaly

☐ 759 Congenital Anomaly (unspecified)

☐ 759.9 Dysmorphic Infant

☐ Type of Syndrome _____

☐ Anomaly Requiring Surgery _____

☐ Other _____

Hematological

☐ 776.4 Polycythemia

☐ 776.1 Thrombocytopenia

☐ 774.6 Hyperbilirubinemia Requiring Exchange Transfusion or a Total of 25 or Indirect above 1

☐ 774.2 Highest Bilirubin Total _____ Indirect _____

☐ 762.3 Twin to Twin Transfusion Syndrome

☐ Other _____

Other Diagnoses

☐ 775. Symptomatic Hypoglycemia (BG<40)

☐ 647.8 Suspected/Proven Sepsis

☐ 771 Congenital Viral Infections (CMV, Herpes , HIV)

☐ 764.9 SGA-Symmetrical

☐ 362.2 ROP

☐ 779.5 Newborn Drug Withdrawal Syndrome

☐ 760.70 Positive Drug Screen for _____

☐ 651 Multiple Birth

☐ 764.9 IUGR

☐ Other _____

Developmental

☐ NIDCAP # of times _____

☐ Other Developmental Assessment

☐ Kangaroo Care ☐ Co-bedding

☐ OT Evaluation ☐ PT Evaluation

☐ Speech Evaluation

☐ Hearing Screen: ☐ Pass ☐ Refer

☐ Psychosocial Assessment

☐ ROP/Vision Screen: ☐ Pass/WNL ☐ Refer / Abnormal

☐ Copy of Developmental Care Plan given to: ☐ Family ☐ CHN

☐ Other _____

Comments: _____

Completed by _____

Hospital Representative

Primary Care Physician:

Discharge Information / Adaptations

☐ Apnea Monitor ☐ Oxygen

☐ Medication ☐ Special Therapy

☐ Special Feeding ☐ CPR

☐ Car Seat

Immunizations

☐ HepB ☐ Synagis

☐ DTaP ☐ Pneumococcal

☐ Polio ☐ Tetramune

☐ HIB

Discharge Risk: ☐ High Risk ☐ At Risk

Criteria: _____

Referral to:

☐ NICP Community Home Nursing

☐ ASDB ☐ CRS ☐ SSI

☐ CPS ☐ DDD ☐ WIC

☐ Healthy Families ☐ Health Start

☐ Social Worker

☐ Home Health Agency _____

☐ Other _____

Social Concerns:

☐ Infant Placed in Foster Care

☐ History of Parental Substance Abuse

☐ Parent has Chronic Illness

☐ Problems Buying Food & Other Necessities

☐ Family Conflict/Anger

☐ No Transportation

☐ Parental Unemployment

☐ Single Parent

☐ Teen Parent

☐ Parent has Mental Illness

☐ Father of Baby Not Involved

☐ Housing Inadequate or Homeless

☐ Domestic Violence/Child Abuse History

☐ Parent has Developmental Disability

☐ Siblings have Chronic Illness or Developmental Disability

☐ No Family/Community Support System

☐ Language Barrier: _____

☐ Parent has Cognitive Limitation

☐ Adoption (CHN information only)

Directions to home:
